



your marketing connection

EMERALD MAIL DIRECT

CONFERENCE INVITATION TURNKEY SERVICE Order Form

Today's Date _____

Contact Information			FOR OFFICE USE ONLY		
Contact Name:	_____		Email Address:	_____	
Company Name:	_____				
Street Address:	_____		Suite:	_____	
City:	State:	Zip:	_____		
Business Phone Number:	_____		Fax Number:	_____	
Sales Rep	_____		Lead #	_____	
Corp. Code	_____				

Package Options and Pricing Information – Only one option per order form

Dining Seminar Invitation Selection*

EMD-850-00-00690 5,000 piece mailing is \$0.95 per piece *Each invitation is mailed in a 6" x 9 1/2" cream-colored envelope.

Choose one in each category:

Design Option	Agenda Topic:	Quote:	Bio:	PHOTO
<input type="checkbox"/> Blueprint Design	<input type="checkbox"/> CFMW <input type="checkbox"/> MM <input type="checkbox"/> PTR	<input type="checkbox"/> Goal	<input type="checkbox"/> Gen Fin Prof	<input type="checkbox"/> YES
<input type="checkbox"/> Desk Design	<input type="checkbox"/> EC <input type="checkbox"/> NR <input type="checkbox"/> RET	<input type="checkbox"/> Decision	<input type="checkbox"/> Comm Resource	<input type="checkbox"/> NO
<input type="checkbox"/> Water Design	<input type="checkbox"/> FM <input type="checkbox"/> NR- 5 things <input type="checkbox"/> RIS	<input type="checkbox"/> Allocation	<input type="checkbox"/> Retirement Expert	
	<input type="checkbox"/> LTC <input type="checkbox"/> NR-Myths <input type="checkbox"/> RPD			

1 From selects above

_____ X _____ = _____

Quantity Unit Price

2 Priority Drop Ship - EMD-859-00-000000 (additional \$.08 per piece)

_____ X _____ = _____

Quantity Unit Price

2 First Class - EMD-852-00-000000 (additional \$0.11 per piece)

_____ X _____ = _____

Quantity Unit Price

3 Additional List Selects

_____ X _____ = _____

Quantity Unit Price

4 List Scrubbing - EMD-851-00-000000
\$50.00 fee up to 200 names

5 EMD RSVP - EMD-856-00-000000

_____ = _____

Quantity RSVP Rate

NOTE:
See enclosed sheet for ALL Package Options Descriptions

1 _____
Piece Selection Subtotal

2 _____
+ Postage Subtotal

3 _____
+Add'l List Selects

+ Sales Tax
Sales Tax applies to the Piece Selection and Postage Subtotals only. Add applicable sales tax in CA, CO, and VA.

4 _____
+ List Scrubbing Subtotal

5 _____
+EMD RSVP

GRAND TOTAL

Payment Information

Credit Card: <input type="checkbox"/> American Express	Credit Card: <input type="checkbox"/> American Express
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Amount \$ _____	Amount \$ _____
Card #: _____	Card #: _____
Expiration Date: _____	Expiration Date: _____
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____

Note: Order will not become active until payment is received. FAX COMPLETED FORM TO (858) 674-2465 • ATTENTION: EMERALD MAIL DIRECT
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